

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/516992**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4						
5						
6						
7			1			
8						
9						
10						
11			1			
12			1			
13			1			
14						
15						
16						
17			1			
18			1			
19						
20						
21						
22						
23			1			
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34			1			
35						
36			1			
37						
38			1			
39			1			
40						
41			1			
42			1			
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			15			
TOTAL DEP.			09			
TOTAL CLAIMS			24			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS